

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I	LOBBYIST		int Oldariy)	
NAME(Last)	(First)		(Middle)	TELEPHONE
	NOMURA	NORA	Α.	543-0071
MAILING AD	DRESS (Street)	FAX		
	888 MILILANI S	550-8814		
(City) (		(State)	(Zip	Code)
		HI	968	13
EMPLOYING	ORGANIZATION (Fill in o	TELEPHONE		
	HAWAII GOVERNM	ENT EMPLOYEES ASSOCIAT	ION	536-2351
MAILING AD	DRESS (Street)	FAX		
	888 MILILANI S	TREET, SUITE 601		528-4059
(City	· ·	(State)	(Zip	Code)
	HONOLULU	HI	968	13

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
HAWAII GOVERNM	536-2351	
MAILING ADDRESS (Street)	FAX	
888 MILILANI S	528-4059	
(City) (State)		(Zip Code)
HONOLULU	HI	96813
NAME OF PERSON RESPONSIBLE FOR	URES STATEMENT TELEPHONE	
RUSSELL TOMITA		543-0034
MAILING ADDRESS (Street)	FAX	
888 MILILANI S	TREET, SUITE 601	523-6879
(City)	(State)	(Zip Code)
HONOLULU	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY											
PARTIII DESCRIPTION	OF SUBJECTS UPON WHICH	TOU EXPEGIT	O LOBBA								
X Agriculture	<b>X</b> Education	X Human Servi	ces	_ <b>X</b>	Science, Technology & Economic Development						
Communications & Public Utilities	Government Operations & Finance	Intergovernm International	ental Relations, Àffairs	X	Tourism & Recreation						
Consumer Protection & Commerce	X Hawaiian Affairs	X Labor & @mp	loyment	X	Transportation						
Culture, Arts, Historic Preservation	X Health	X Planning, Lan Use Manager			Other: (indicate below)						
X Ecology, Energy Environmental Protection	X Housing	X Public Safety	& Corrections								
L			· · · · · · · · · · · · · · · · · · ·								
PART IV CERTIFICATIO	N OF LOBBYIST	***									
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.  //-8-05 (Signature of Lobbyist)  (Date)											
L	(Org. Interest 2000)	***		rato)							
PART V AUTHORIZATIO	N TO LOBBY	, , , , , , , , , , , , , , , , , , ,									
NAME		TITLE OF AUTHORI	ZING OFFICER	OR PEF	RSON REPRESENTED						
RANDY PERREI											
NAME OF ORGANIZATION (if ap	TEL	TELEPHONE									
HAWAII GOVER		536-2351									
MAILING ADDRESS (Street)			FAX								
888 MILILANI		528-0922									
(City)	(Zip Code)										
HONOLULU HI			96813								
I hereby authorize the apoye I named person to engage in lobbying activities on behalf of the undersigned.											
Ky	1/2		11-9-05								
	thorizing Officer or Person Represent		(Date)								